

Case Number:	CM13-0007476		
Date Assigned:	12/11/2013	Date of Injury:	09/19/2009
Decision Date:	01/30/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in Michigan, Nebraska, and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 42-year-old female who reported an injury on 09/19/2009. The patient is currently diagnosed with status post 3 failed left knee surgeries, left knee patellofemoral syndrome and left knee osteoarthritis with degenerative joint disease. The patient was seen by provider on 10/07/2013. The patient reported 4-5/10 with instability, hypersensitivity to palpation. Physical examination revealed crepitus upon range of motion with medial and lateral joint line tenderness to palpation, diminished range of motion and diminished strength. The treatment recommendations included authorization for a left total knee replacement.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left knee conversion of patellofermoral to total knee replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Arthroplasty: criteria for knee join replacement.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Knee joint replacement

Decision rationale: California MTUS and ACOEM Guidelines state referral for surgical consultation may be indicated for patients who have activity limitation for more than 1 month and failure of exercise programs to increase range of motion and strength to the musculature around the knee. Official Disability Guidelines state patients should undergo conservative therapy including exercises and medications or injections. There should be evidence of osteoarthritis upon imaging study or identification from a previous arthroscopy. As per the clinical notes submitted, there is no evidence of additional subjective findings including limited range of motion less than 90 degrees or a body mass index of less than 35. There is also no evidence of osteoarthritis on standing x-ray or arthroscopy report. In addition, there is no evidence of a failure to respond to additional conservative treatment including exercise therapy and/or home rehab exercises. The patient's latest x-ray of the left knee was documented on 08/27/2013, and indicated and no definite evidence of hardware failure with suggestion for osteopenia. Based on the clinical information received, the patient does not currently meet criteria for the requested surgical procedure. As such, the request is noncertified.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Testing, General.

Decision rationale: The Official Disability Guidelines indicate that preoperative testing is often performed before surgical procedures. The decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As the patient's surgical procedure is not currently authorized, the current request is not medically necessary. As such, the request is noncertified.

X-ray of left knee three view: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative Testing, General.

Decision rationale: The Official Disability Guidelines indicate that pre-operative testing is often performed before surgical procedures. The decision to order pre-operative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. As the patient's surgical procedure is not currently authorized, the current request is not medically necessary. As such, the request is noncertified.

Home health care 16 visits, 3 hours per day, 4 days per week x 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: The California MTUS Guidelines indicate that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. As per the clinical notes submitted for review, there is no indication that this patient will be homebound following surgical intervention. As the patient's surgical procedure is not currently authorized, the current request cannot be determined as medically necessary. Therefore, the request is noncertified.

18 post op physical therapy sessions 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg chapter

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines indicate that initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following an arthroplasty includes 24 visits over 10 weeks. The current request exceeds guideline recommendations. As the patient's surgical procedure has not been authorized, the current request is not medically necessary.

Lovenox injection, 14 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Venous thrombosis.

Decision rationale: The Official Disability Guidelines state rivaroxaban 10 mg once daily for 10 to 14 days was significantly superior to subcutaneous Lovenox for the prevention of venous thromboembolism after total knee arthroplasty. As the patient's surgical procedure has not been authorized, the current request is not medically necessary. Therefore, the request is noncertified.

Post op DME-walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Durable Medical Equipment, Walking Aids

Decision rationale: The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. As the patient's surgical procedure has not been authorized, the current request for postoperative DME is not medically, necessary. Therefore, the request is noncertified.

Post op DME-bracing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Knee brace.

Decision rationale: The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. As the patient's surgical procedure has not been authorized, the current request for postoperative DME is not medically, necessary. Therefore, the request is noncertified.